



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
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January 18, 2012

Ms. Judith Chick, Administrator
Historic Homes Of Runnemedede-Evarts House
34 Maxwell Perkins Lane
Windsor, VT 05089

Provider #: 0374

Dear Ms. Chick:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 13, 2011**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0374	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	RECEIVED Division of JAN 06 12 Licensing and Protection	(X3) DATE SURVEY COMPLETED 12/13/2011
NAME OF PROVIDER OR SUPPLIER HISTORIC HOMES OF RUNNEMEDE-EVARTS I			STREET ADDRESS, CITY, STATE, ZIP CODE 34 MAXWELL PERKINS LANE WINDSOR, VT 05089		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced onsite licensing survey was conducted by the Division of Licensing and Protection on 12/13/11 to determine compliance with the Vermont Residential Care Home Licensing Regulations. Findings include:	R100			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Nurse failed to assure that the written plan of care for 2 of 3 applicable residents (Resident #1 and Resident #3) addressed all care needs of the residents. Findings include: 1. Per record review on 12/13/11, Resident #1 was identified through nursing assessment at risk for falls and with pain control issues. The plan of care identified these issues but did not identify specific interventions that staff might take to assist the resident in these areas. During interview at 2:25 PM, the RN (Registered Nurse) confirmed that the plan of care did not include interventions for fall risk or pain control. 2. Per record review on 12/13/11, Resident #3 was identified through nursing assessment with chronic daily pain. Progress notes indicated that	R145	<i>R145</i> <i>1. Changes made to resident #1 care plan reflecting specific interventions for fall risk and pain issues on 12/30/2011, requested PT evaluation to assess and give specific recommendations for interventions for improved mobility and fall risk issues. Complex residents identified by fall risk, chronic pain or cognitive issues will be reviewed by Care Team as needed to address necessary interventions and update or make changes as needed. DON/RN will bring to weekly Care Team meeting the list of these residents to review for care plan changes / updates</i> <i>2. Resident #3 care plan updated on 12/20/11 to include the interventions staff offer along with medication to help alleviate pain w/ redirection (cont)</i>		

Division of Licensing and Protection

Judith Chubb
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

LVIR11

TITLE
Administrator

(X6) DATE
1/4/12

If continuation sheet 1 of 3

Pme

Division of Licensing and Protection

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R145	Continued From page 1 pain is a daily concern. The plan of care did not include interventions that staff might attempt to alleviate pain other than through medication. During interview at 11:55 AM, the RN stated that in addition to medication, staff attempt distraction and re-direction but confirmed that this was not identified in the plan of care as a consistent strategy.	R145	<i>convocation, or relaxation. Complex residents identified by fall risk, chronic pain or cognitive issues will be reviewed by Case Team as needed to address necessary interventions and update or make changes as needed.</i>	
R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that potentially hazardous chemicals were safely stored. Findings include: 1. Per observation during initial tour on 12/13/11 at 10:00 AM, the resident use kitchen contained unsecured hazardous chemicals in a lower cabinet near the sink area including: Easy Off oven and grill spray, an unlabeled, quart-sized bottle of liquid identified by staff as 'odor ban', Home Defense Max-Ortho bug killer, and liquid OOPS remover. These observations were confirmed by the RN (Registered Nurse) at the time of the tour.	R266	<i>DON/RN will bring to weekly Case Team meeting the list of those residents to review for care plan changes/updates</i> <i>R 246</i> <i>Unsecured chemicals found in kitchen cabinet moved to locked storage on 12/13/2011.</i> <i>HHR staff using or responsible for cleaning materials have been notified by Building and Grounds Manager to store all chemicals in locked storage. Building and Grounds Manager will conduct regular audits to assure compliance</i>	
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness	R302	<i>R 302</i> <i>Required annual fire drills for 2011 have been completed including rotation of times and shifts</i> <i>Building and Grounds Manager will submit to the Administrator or designee the schedule (cont)</i>	

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R302	<p>Continued From page 2</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to complete required fire drills on a quarterly basis. Findings include:</p> <p>1. Per record review on 12/13/11, the home had completed fire drills for all 3 shifts for only 3 quarters of the year. There were no drills from 2/9/11 through 9/22/11.</p>	R302	<p><i>quarterly fire drills for 2012</i></p> <p><i>Building and Grounds Manager will submit results of the drill to the Administrator or designee to cross reference compliance to the scheduled mandatory drills.</i></p> <p><i>R145, 266 + 302 POC's accepted 1/10/12 PincotARN</i></p>	